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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Eveninen A Adece	
SHIN MUTO)	Examiner: A. Adego	rusi
Application No.: 09/625,842	:	Group Art Unit: 2153	
) :		RECEIVED
Filed: July 26, 2000)		OCT 0 7 2003
For: SYSTEM FOR SEARCHING)		Technology Center 2100
FOR APPARATUS CONNECTED	:		lectificity center 2 100
TO NETWORK AND APPARATUS)		
EMPLOYED BY SAME SYSTEM,	:		
AND CONTROL METHOD)		
THEREFOR	:	September 26, 2003	

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 28, 2003, the period for response to which having been extended to September 28, 2003 by the accompanying Petition For Extension Of Time with fee, please amend the above-identified application as follows:

In re Application of:

SHIN MUTO

-P.O. Box 1450

. Application No.: 09/625,842

Mail Stop Non-Fee Amendment COMMISSIONER FOR PATENTS

Alexandria, VA 22313-1450

Filed: July 26, 2000

Docket No. 03500.014670.

Examiner: A. Adegorusi

Group Art Unit: 2153

Date: September 26, 2003

For: SYSTEM FOR SEARCHING FOR APPARATUS CONNECTED TO NETWORK AND

APPARATUS EMPLOYED BY SAME SYSTEM, AND CONTROL METHOD THEREFOR

RECEIVED

OCT 0 7 2003

Technology Center 2100

Sir:

Transmitted herewith is an Amendment and an Information Disclosure Statement in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 11	MINUS	** 20	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 3	MINUS	*** 12	= 0	x \$42 \$84	-0-
Fee for Multiple Dependent claims \$140°/\$280						
			TOTAL ADDITI			-0-

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Г	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$410.00 to cover the fee for a two month extension is enclosed.
X	A check in the amount of \$_180.00_ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant Registration No. 42,746

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
Form #120

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